

608 Main • P.O. Box 147 • Everest, KS 66424 • (785) 548-7511 • Toll Free (800) 892-0163 • www.rainbowtel.net

REDACTED - FOR PUBLIC INSPECTION

October 17, 2013

Charles Tyler
Telecommunications Access Policy Division
Wireline Competition Bureau
Federal Communications Commission
445 12th Street, S.W., Room 5-A452
Washington, D.C. 20554

Re: FCC FORM 481 INCLUDING CONFIDENTIAL FINANCIAL INFORMATION – SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, CC DOCKET NOS. 01-92, 96-45, GN DOCKET NO. 09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION

Dear Mr. Tyler:

Enclosed herein is one copy of the FCC Form 481 including 2012 audited financial statements — Stamped Confidential — of Rainbow Telecommunications Association, Inc., Study Area Code 411820, in accordance with 47 C.F.R. § 54.313(f)(2) of the Commission's rules, the redacted form has been filed using the FCC's Electronic Comment Filing System in Docket No. WC 10-90, per the instructions for filing the FCC Form 481. Rainbow Telecommunications Association, Inc. is submitting the enclosed confidential financial information pursuant to the Protective Order in the above-referenced dockets (DA 12-1857, released November 16, 2012). It is Rainbow Telecommunications Association, Inc. understanding that the enclosed confidential financial information will be deemed material not to be made routinely available for public inspection under the Commission's rules, 47 C.F.R. §§ 0.459(a) and 0.459(a)(3).

Respectfully submitted,

Beverly Armstrong Accounting Manager



CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 1 was successfully certified on 2013-09-23 10:03:18.0 by bev@rainbowtel.com .

SAC: SPIN: 411820

143002305

Carrier Name: RAINBOW TELECOM

Program Year: 2014

Return to 481 Search

(3) 1997-2013, Universal Service Administrative Company, All Rights Reserved.

Website & Privacy Policies



	m 481 - Carrier Annual Reporting Ollection Form		FCC Form 481 OMB Control No. 3060-0 July 2013	986/OMB Control No. 3060-0819
<010>	Study Area Code	411820		
<015>	Study Area Name	RAINBOW TELECOM		
<020>	Program Year	2014		
<030>	Contact Name: Person USAC should contact with questions about this data	Beverly Armstrong		
<035>	Contact Telephone Number: Number of the person identified in data line <03	⁷⁸⁵⁵⁴⁸⁷⁵¹¹ 0>		
<039>	Contact Email Address: Email of the person identified in data line <030>	bev@rainbowtel.com		
ANNUA	IL REPORTING FOR ALL CARRIERS			54.313 54.422 Completion Completi Required Require
<100>	Service Quality Improvement Reporting	(complete attached wo	rksheet)	(check box when complete)
<200> <210>	Outage Reporting (voice)	(complete attached world if no outages to report	rksheet)	
<310>	Unfulfilled Service Requests (voice) Detail on Attempts (voice) Unfulfilled Service Requests (broadband) Detail on Attempts (broadband)	(attach descriptive dou		
<400> <410> <420> <430> <440>	Number of Complaints per 1,000 customers (voice Fixed Mobile 0.0 Number of Complaints per 1,000 customers (brown Fixed Mobile			
<500> <510> <600> <610> <700> <710> <800> <1000> <1010> <1110> <1110>	Service Quality Standards & Consumer Protection 411820ks510 Functionality in Emergency Situations 411820ks610 Company Price Offerings (voice) Company Price Offerings (broadband) Operating Companies and Affiliates Tribal Land Offerings (Y/N)? Voice Services Rate Comparability Terrestrial Backhaul (Y/N)? Terms and Condition for Lifeline Customers	n Rules Compliance (check to indicate certiform (attached descriptive doctor) (check to indicate certiform) (attached descriptive doctor) (complete attached wor (complete attached wor (complete attached wor (complete attached wor (check to indicate certiform) (attach descriptive doctor) (if yes, complete attached wor (check to indicate certiform) (attach descriptive doctor) (complete attached wor	ument) icotion) ksheet) ksheet) ksheet) ksheet) icotion) ument) icotion)	
<2000> <2005>	Price Cap Carriers, Proceed to <u>Price Cap Addition</u> Including Rate-of-Return Carriers offiliated with P		250.00000000	
<3000> <3005>	Rate of Return Carriers, Proceed to <u>ROR Addition</u>	nal Documentation Worksheet (check to indicate certifi (complete attached wor	MARKET AND A STATE OF THE STATE	/

	rvice Quality Improvement Reporting			FCC Form 481
Data Co	llection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	411820		
<015>	Study Area Name	RAINBOW TELECOM		
<020>	Program Year	2014		
<030>	Contact Name - Person USAC should contact regarding this data	Beverly Arm	strong	
<035>	Contact Telephone Number - Number of person identified in data	line <030> 785548751	1	
<039>	Contact Email Address - Email Address of person identified in data	line <030> beverain	bowtel.com	
<110>	Has your company received its ETC certification from the FCC?		(yes/no) •	
<111>	If your answer to Line <110> is yes, do you have an existing §54.20 year plan" filed with the FCC?	02(a) "5	(yes/no)	
<112>	If your answer to Line <111> is yes, then you are required to file a report, on line <112> delineating the status of your company's exis 54.202(a) "5 year plan" on file with the FCC, as it relates to your provide telephony service. Attach Five-Year Service Quality Improvement Plan or, in subseque your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(CETC which only receives frozen support, your progress report is o required to address voice telephony service. Please check these boxes below to confirm that the attached PDF, 112, contains a progress report on its five-year service quality imp plan pursuant to § 54.202(a). The information shall be submitted a center level or census block as appropriate.	sting § rovision of ent years, (1). If your company is on line rovement	S a Name of Attached D	ocument (.pdf)
<113>	Maps detailing progress towards meeting plan targets			
<114>	Report how much universal service (USF) support was received			
<115>	How (USF) was used to improve service quality			
<116>	How (USF)was used to improve service coverage			
<117>	How (USF) was used to improve service capacity			
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.			

(200) Service Outage Reporting (Voice)

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	411820		
<015>	Study Area Name	RAINBOW TELECOM		
<020>	Program Year	2014		
<030>	Contact Name - Person USAC should contact regarding this data	Beverly Armstrong		
<035>	Contact Telephone Number - Number of person identified in data line <030> 7855487511			
<039>	Contact Email Address - Email Address of person identified in data line <030> bev@rainbowtel.com			

<220>

	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
							See attache orksheet	d				
-												
									_			

	ce Offerings including Voice Rate Data lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	411820	
<015>	Study Area Name	RAINBOW TELECOM	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Beverly Armstrong	3
<035>	Contact Telephone Number - Number of person identified in data line <030>	7855487511	
<039>	Contact Email Address - Email Address of person identified in data line <030>	bev@rainbowtel.com	
<701> <702>	Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge		

<703>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
				0				
				See att	ached worksheet			

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	411820
<015>	Study Area Name	RAINBOW TELECOM
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Beverly Armstrong
<035>	Contact Telephone Number - Number of person identified in data line <0	330> 7855487511
<039>	Contact Email Address - Email Address of person identified in data line <	030> bev@rainbowtel.com

11>	<a1></a1>	<=>2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
			Se	e attached					
				sheet					
E									

100	erating Companies lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	411820	
<015>	Study Area Name	RAINBOW TELECOM	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Beverly Armstrong	
<035>	Contact Telephone Number - Number of person identified in data line	<030> 7855487511	
<039>	Contact Email Address - Email Address of person identified in data line	e <030> bev@rainbowtel.com	
<810>	Reporting Carrier Rainbow Telecommunications Associati	on, Inc.	
<811>	Holding Company		

<812> Operating Company

Rainbow Telecommunications Association, Inc.

3>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
		See attached workshe	et

	bal Lands Reporting llection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	411820		
<015>	Study Area Name	RAINBOW TELECO	юм	
<020>	Program Year	2014		
<030>	Contact Name - Person USAC should contact regarding this data	Beverly Arms	strong	
<035>	Contact Telephone Number - Number of person identified in data line	<030> ⁷⁸⁵⁵⁴⁸⁷	7511	
<039>	Contact Email Address - Email Address of person identified in data lin	e <030> bev@ra	inbowtel.com	
<910>	Tribal Land(s) on which ETC Serves			
<920>	Tribal Government Engagement Obligation If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:	<u> </u>	Name of Attached Docum	ent (.pdf)
<921> <922> <923> <924> <925> <926> <927>		Select (Yes,No, NA)		
<928>	Compliance with Cultural Preservation review processes			

(1100) No	Terrestrial Backhaul Reporting	FCC Form 481
Data Coll	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	411820
<015>	Study Area Name	RAINBOW TELECOM
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Beverly Armstrong
<035>	Contact Telephone Number - Number of person identified in data line <030>	7855487511
<039>	Contact Email Address - Email Address of person identified in data line <030>	bev@rainbowtel.com
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

Lifeline	rms and Condition for Lifeline Customers ection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	4	11820	
<015>	Study Area Name	1	PAINBOW TELECOM	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding this data		Beverly Armstrong	
<035>	Contact Telephone Number - Number of person identified in data li	ne <030>	7855487511	
<039>	Contact Email Address - Email Address of person identified in data I	ne <030>	bev@rainbowtel.com	
<1210> <1220>	Terms & Conditions of Voice Telephony Lifeline Plans Link to Public Website	Na	u1820ks1200 Ime of attached document (.pdf)	
12207	Link to Public Website	HTTP		
	"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:			
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	/		
<1222>	Details on the number of minutes provided as part of the plan,	/		
<1223>	Additional charges for toll calls, and rates for each such plan.	/		

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(2000) Pr	ice Cap Carrier Additional Documentation		FCC Form 481
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
		11820	
<010>	Study Area code		
<015>	Value of Management and American	AINBOW TELECOM	
<020>		014	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7855487511	
<039>	Contact Email Address - Email Address of person identified in data line <030>	bev@rainbowtel.com	
CHECK th	ne boxes below to note compliance as a recipient of Incremental Connect Ame		
	support as set forth in 47 CFR § 54.313(b),(c),(d),	(e) the information reported on this form and in the documents att	ached below is accurate.
	Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))		
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))		
~2011>	314 Teal Certification (47 CFR 3 34.313(0)(2))		
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification		
<2013>	2014 Frozen Support Certification		
<2014>	2015 Frozen Support Certification		
<2015>	2016 and future Frozen Support Certification		
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband		
	Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification		
<2018>	5th year Broadband Service Certification		<u> </u>
<2019>	Interim Progress Certification		
<2020>	Please check the box to confirm that the attached PDF, on line 2021,		
	contains the required information pursuant to § 54.313 (e)(3)(ii), as a		
	of CAF Phase II support shall provide the number, names, and address		
	community anchor institutions to which began providing access to br	padband	
222	service in the preceding calendar year.		
<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information	on

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	THE RESERVE AND ADDRESS OF THE PARTY AND ADDRE		THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSON NAME	DOMESTIC DE	
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	100		THE PERSON NAMED IN	0 0 0 0 0 0 0	

(3000) Ra	te Of Return Carrier Additional Documentation		FCC Form 481
			OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	ection Form		
			July 2013
5	411820		
<010>	Study Area Code		
<015>	Study Area Name RAINBOW	TELECOM	
<020>	Program Year 2014 Contact Name - Person USAC should contact regarding this data Be:	Verly Armstrong	
<035>	Contact Telephone Number - Number of person identified in data line <0.30>	7855487511	
<039>	Contact Email Address - Email Address of person identified in data line <030>	bev@rainbowtel.com	
CHECK t	he boxes below to note compliance on its five year service quality plan (pursu CFR § 54.313(f)(2). I further certify that	ant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring the information reported on this form and in the documents attac	
	Progress Report on S Year Plan		
(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i))	Name of Attached Document Listing Required Information	
A. C. Control	Please check this box to confirm that the attached PDF, on line 3012,		
			
(3011)	contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and		
(2011)	addresses of community anchor institutions to which began providing		
	access to broadband service in the preceding calendar year.		
	access to broaden service in the preceding enemal year,		
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	- · · · · · · · · · · · · · · · · · · ·	✓ (Yes/No)
(3014)	If yes, does your company file the RUS annual report		(Yes/No)
	Please check these boxes to confirm that the attached PDF, on line 3017,		4
	contains the required information pursuant to § \$4.313(f)(2) compliance		
	requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for		
(3013)	Telecommunications Borrowers)		
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
	If the response is yes on line 3014, attach your company's RUS annual		
(3017)	report and all required documentation	Name of Attached Document Listing Required Information	411820ks3017
(3018)	If the response is no on line 3014, is your company audited?		(Yes/No)
	If the response is yes on line 3018, please check the boxes below to		
	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
	Either a copy of their audited financial statement; or (2) a financial report		
(3019)	in a format comparable to RUS Operating Report for Telecommunications		
907070300	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3020)			<u> </u>
(2000)	Management letter issued by the independent certified public accountant		
(3021)	that performed the company's financial audit.		
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),		
	contains:		
	Copy of their financial statement which has been subject to review by an		
100001	independent certified public accountant; or 2) a financial report in a		
(3022)	format comparable to RUS Operating Report for Telecommunications		
	Borrowers,		
(2022)	Underlying information subjected to a review by an independent certified		
(3023)	public accountant		
(3024)	Underlying information subjected to an officer certification.		
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
		Name of Associated Community of the Comm	
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	-



	tion - Reporting Carr lection Form	ier	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	411820	
<015>	Study Area Name	RAINBOW TELECOM	
<020>	Program Year	2014	
<030>	Contact Name - Pers	on USAC should contact regarding this data Beverly Armstrong	
<035>	Contact Telephone N	lumber - Number of person identified in data line <030> 7855487511	
<039>	Contact Email Addre	ss - Email Address of person identified in data line <030> bev@rainbowtel	.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilitie recipients; and, to the best of my knowledge, the information reporte	es include ensuring the accuracy of the annual reporting requirements for universal service suppo ed on this form and in any attachments is accurate.
Name of Reporting Carrier: RAINBOW TELECOM	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 10/10/2013
Printed name of Authorized Officer: Beverly Armstrong	
Title or position of Authorized Officer: Accounting Manager	
Telephone number of Authorized Officer: 7855487511	
Study Area Code of Reporting Carrier: 411820	Filing Due Date for this form: 10/15/2013



	ion - Agent / Carrier ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	411820	
<015>	Study Area Name	RAINBOW TELECOM	
<020>	Program Year	2014	
<030>	Contact Name - Person US	AC should contact regarding this data Beverly Armstrong	
<035>	Contact Telephone Numb	er - Number of person identified in data line <030> 7855487511	
<039>	Contact Email Address - Er	nail Address of person identified in data line <030> bev@rainbowtel.c	com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my agent; and, to the best of my knowledge, the reports and o	is authorized to submit the information reported on behalf of the reporting carrier onsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAI	F or LI Recipients on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am auth the data reported herein based on data provided by the I		service support reciplents on behalf of the reporting carrier; I have provided ge, the information reported herein is accurate.
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent		
Felephone number of Authorized Agent or Employee of Ag	ent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form	n:



Attachments

<010>	Study Area Code		411820
<015>	Study Area Name		RAINBOW TELECOM
<020>	Program Year		2014
<030>	Contact Name - Person L	ISAC should contact regarding this data	Beverly Armstrong
<035>	Contact Telephone Num	ber - Number of person identified in data line <0	930> ⁷⁸⁵⁵⁴⁸⁷⁵¹¹
<039>	Contact Email Address -	Email Address of person identified in data line <0	030> bev@rainbowtel.com
<810>	Reporting Carrier	Rainbow Telecommunications Association	n, Inc.
<811>	Holding Company		
<812>	Operating Company	Rainbow Telecommunications Association	n, Inc.

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

(800) Operating Companies

Data Collection Form

	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
Carson Communication	ns LLC	419039	Rainbow Communications



FCC Form 481 Certifications

FCC Form 481 Lines 510 and 610 Rainbow Telecommunications Assoc.

Line 510: Service Quality Standards & Consumer Protection Rules Compliance

Service Quality Standards

The company complies with the service quality standards as adopted in the Kansas Corporation Commission (KCC) Docket Nos. 191,206-U and 95-GIMT-047-GIT.

Consumer Protection Rules

The company complies with the following consumer protection rules:

- FCC rules regarding verification of orders for telecommunications service as required of submitting carriers {47 CFR §64.1100}
- The FCC's Truth-in-Billing Requirements (47 CFR §64.2400)
- Billing practice standards as set out in KCC Docket No. 06-GIMT-187-GIT and subsequent billing practice standards approved by the KCC.
- All of the requirements of 47 C.F.R. § Part 64 Subpart U, Customer Proprietary Network Information and Federal Trade Commission 16 C.F.R. §681, Identity Theft Red Flags

Line 610: Functionality in Emergency Situations

- The company maintains a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. {47 CFR §54.202(a)}
- The company has made reasonable provisions to meet emergencies resulting from power failures; sudden and prolonged increases in traffic; staff shortages; and fire, storm, and acts of god.



FCC Form 481 Certifications

FCC Form 481 Lines 510 and 610 Rainbow Telecommunications Assoc.

Line 510: Service Quality Standards & Consumer Protection Rules Compliance

Service Quality Standards

The company complies with the service quality standards as adopted in the Kansas Corporation Commission (KCC) Docket Nos. 191,206-U and 95-GIMT-047-GIT.

Consumer Protection Rules

The company complies with the following consumer protection rules:

- FCC rules regarding verification of orders for telecommunications service as required of submitting carriers {47 CFR §64.1100}
- The FCC's Truth-in-Billing Requirements {47 CFR §64.2400}
- Billing practice standards as set out in KCC Docket No. 06-GIMT-187-GIT and subsequent billing practice standards approved by the KCC.
- All of the requirements of 47 C.F.R. § Part 64 Subpart U, Customer Proprietary Network Information and Federal Trade Commission 16 C.F.R. §681, Identity Theft Red Flags

Line 610: Functionality in Emergency Situations

- The company maintains a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. {47 CFR §54.202(a)}
- The company has made reasonable provisions to meet emergencies resulting from power failures; sudden and prolonged increases in traffic; staff shortages; and fire, storm, and acts of god.



FCC Form 481 Certifications

FCC From 481 Line 1200

Terms and Condition for Lifeline Customers

Rainbow Telecommunications Association, Inc.

Lifeline subscribers receive unlimited local calling at no additional cost. Carson Communications complies with state and federal rules/regulations concerning Lifeline programs. Toll calls are charged at standard rates.